


SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **08C3709**

**IDOC Chief of Legal Services
Illinois Department of Corrections
100 West Randolph Street - 4-200
Chicago, IL 60601**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kristina D. Brown Agent Addressee

B. Received by (Printed Name)

X Kristina D. Brown **X 7/7/08** C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

JUL 14 2008
CLERK MICHAEL W. DODD

3. Service Type

Certified Mail Economy Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D. Only

4. Restricted Delivery? (Extra Fee) Yes2. Article Number **7003 1010 0002 4290 8690**
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

08C3709